

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/575,927
Filing Date	April 14, 2006
First Named Inventor	Karsten Gervind
Title	CONTRACTOR EQUIPPED WITH BOX TERMINALS
Art Unit	N/A
Examiner Name	Not Yet Assigned
Attorney Docket No.	20798/0204632-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners associated with the Customer Number:	07278
<i>OR</i>		
<input type="checkbox"/>	Practitioner(s) named below:	

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

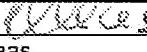
<input checked="" type="checkbox"/>	The address associated with the above-mentioned Customer Number:
<i>OR</i>	<input type="checkbox"/>
<i>OR</i>	<input type="checkbox"/> The address associated with Customer Number: _____

<input type="checkbox"/>	Firm or Individual Name	Erik R. Swanson DARBY & DARBY P.C.			
Address	P.O. Box 5257				
City	New York	State	NY	Zip	10150-5257
Country	US	Telephone	(212) 527-7700	Email	

I am the:

<input type="checkbox"/>	Applicant/Inventor.
<input checked="" type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>

SIGNATURE of Applicant or Assignee of Record

Signature		Date	June 14, 2006
Name	Manfred Daas	Telephone	+49 228 602-2412
Title and Company	Authorized Manager		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input type="checkbox"/>	*Total of	1	forms are submitted.
--------------------------	-----------	---	----------------------